



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2024

Jennifer Burgess
Golden Hearts
3329 Westwood Ave
Lansing, MI 48906

RE: Application #: AS330418221
Golden Hearts
3329 Westwood Ave
Lansing, MI 48906

Dear Jennifer Burgess:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 4 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS330418221
Applicant Name:	Golden Hearts
Applicant Address:	3329 Westwood Ave Lansing, MI 48906
Applicant Telephone #:	(517) 708-7107
Licensee Designee:	Jennifer Burgess
Administrator	Jennifer Burgess
Name of Facility:	Golden Hearts
Facility Address:	3329 Westwood Ave Lansing, MI 48906
Facility Telephone #:	(517) 708-7107
Application Date:	01/29/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/29/2024	Enrollment
01/29/2024	Application Incomplete Letter Sent Requested 1326/RI030, Paperwork for Corporation Formation.
02/01/2024	PSOR on Address Completed
02/01/2024	Contact - Document Sent Forms Sent.
02/02/2024	Contact - Document Received 1326/RI030 and Articles of Org.
02/07/2024	File Transferred To Field Office
02/14/2024	Application Complete/OFS Needed
03/07/2024	Inspection Completed On-site.
03/07/2024	Inspection Completed BCAL Sub. Compliance.
03/15/2024	Contact-Document Received -Furnace Inspection, 03/14/2024.
03/15/2024	Contact-Document Received -Documentation of Egress Hardware.
03/15/2024	Contact-Document Reviewed -Special Certification Application.
03/15/2024	Inspection Completed BCAL Full Compliance.
03/25/2024	LSR Generated.
03/25/2024	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story, fenced in well-maintained ranch style home built in 2008 with five bedrooms and two bathrooms in the Horsebrook subdivision located on the northwest side of the city of Lansing, MI. The house sits on a quarter acre lot with mature trees lining the north and west side, and is the last home situated on the westside of Westwood Avenue giving it a peaceful, safe, and country feel. The home is

conveniently located in walking distance of several restaurants, convenience stores, and gas stations.

On the main floor are three resident bedrooms. One of the three resident bedrooms has a private resident bathroom. Two of these three resident bedrooms are designated as single private resident bedrooms. There is also a full resident bathroom situated directly across from the resident bedrooms. The main level of the home also has a kitchen, living area and dining space for residents to enjoy. The kitchen/dining and living area are adjacent to one another and provide ample space for daily living.

The basement has been finished and consists of a large open living space, two bedrooms, and an unfinished utility room where the gas furnace and water heater are located behind a fire door, equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnace was inspected on 03/14/2024 and is fully operational. It is the applicant's intention to add a bathroom to this basement level to increase the capacity of this facility at a later date.

The home is not wheelchair accessible and none of the residents will be physically handicapped nor require any special physical accommodations.

The facility is equipped with an interconnected, wireless smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in all required areas, including bedrooms, living areas and near the furnace and water heater. Fire extinguishers are available on the main floor near the kitchen sink and pantry. Fire extinguishers are also available on the basement level near a storage room and office area.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.11 X 11.40	149.45	1
2	14.4 X 10.11	145.58	1
3	19.4 X 14.11	273.73	2
4	15.10 X 10.10	151.50	0
5	15.10 X 15.50	234.05	0

The indoor living and dining areas measure a total of 205.92 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies,

and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to four (4) male and/or female ambulatory adults who are aged, mentally ill, developmentally disabled, and/or traumatically brain injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept referrals from Community Mental Health Authority of Clinton, Eaton, Ingham Counties, Veterans Administration, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques. The facility will provide ongoing training for direct care staff members working with developmentally disabled and or mentally ill residents and accommodating the resident's individual routines and preferences.

The licensee will provide transportation for program and medical needs as specified in the Resident Care Agreement. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of Ms. Burgess to utilize local community resources for recreational activities. Ms. Burgess plans on using resources and activities such as the senior center, library, schools, museums, zoo, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Golden Hearts LLC, which is a "For Profit Corporation", established in Michigan, on 02/02/2024. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Board of Directors of Golden Hearts LLC have submitted documentation appointing Jennifer Burgess as licensee designee and administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Jennifer Burgess. Jennifer Burgess submitted medical clearance requests with statements from a physician documenting her good health and current TB negative results.

Jennifer Burgess has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Jennifer Burgess previously worked at an adult foster care and has provided direct care services to the developmentally disabled, traumatically brain injured, and mentally ill for several years.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of

supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care

service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of four residents.



03/25/2024

Eli DeLeon
Licensing Consultant

Date

Approved By:



03/26/2024

Dawn N. Timm
Area Manager

Date